

**FEE TRANSMITTAL**

Electronic Version v08

Stylesheet Version v08.0

<b>Title of Invention</b>	Electron Collector System
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Application Number :	
Date :	
First Named Applicant:	Mr. Liqin Wang
Attorney Docket Number:	GEMS 0244 PUS

  

<b>TOTAL FEE AUTHORIZED \$ 810</b>
Patent fees are subject to annual revisions on or about October 1st of each year.

  

Filing as large entity																				
<b>BASIC FILING FEE</b>																				
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table>	Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	770	770	Subtotal For Basic Filing Fees: \$ 770											
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<b>EXTRA CLAIM FEES</b>																				
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 20</td><td>0</td><td>1202</td><td>18</td><td>0</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>1201</td><td>86</td><td>0</td></tr><tr><td colspan="5">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>	Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 20	0	1202	18	0	Independent Claims : 3	0	1201	86	0	Subtotal For Extra Claims Fees: \$ 0				
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<b>ASSIGNMENT FEES</b>																				
<table border="1"><thead><tr><th>Fee Description</th><th>Property Number</th><th>Quantity</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Recording Each Patent Assignment Per Property Fee</td><td>00000000</td><td>1</td><td>8021</td><td>40</td><td>40</td></tr><tr><td colspan="6">Subtotal For Additional Fees: \$40</td></tr></tbody></table>	Fee Description	Property Number	Quantity	Fee Code	Amount \$	Fee Paid \$	Recording Each Patent Assignment Per Property Fee	00000000	1	8021	40	40	Subtotal For Additional Fees: \$40							
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<b>AUTHORIZED BILLING INFORMATION</b>	
<b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>	
Deposit account number:	070845
Access Code	****
Deposit name:	GE Medical Systems
Deposit authorized name:	Justin H. Purcell
Signature:	/justin h purcell/

Date (YYYYMMDD): 2004-03-31

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.